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APR 13 2019 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: AMERICAN BUSINESS INVESTMENTS USA, LC Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Chad B. Butlev Name of Person							
American Business Investments USA, LLC Firm/Company							
3524 Turenne Way							
Wellington, Fl. 33449 City/State and Zip Code							
cbb7@aol.com							
E-mail address: (to be used for future annual report notification)							
Chad B. Butter at 601 1514-1122							
Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:							
\$25 Filing Fee & Certified Copy							

,

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1 10/140					_
l. Na	nme of the limited liability company: AMC	vican Busi	ness In	vestments	USA, LLC
2. (a)		(1	b)		
, ,	Principal office address of limited liability cor (Note: MUST BE STREET ADDRESS	npany:	,	Mailing address of limit (Note: MAY BE PO	ited liability company:
	777 South Flagler Drive	Juite Son	352	4 Turenne	Way
	West Tower, West Palm Beach,	F1.33401	We//	ington, Fl.	33449
	12/3/12			0 0151058	
3.	Date of filing/registration in Florida	4.		Document numbe	r
5. (a)					
J. (u)	Registered Agent and Registered Office shown on the	records of the Florid	a Dept. of Star	e:	
	Chad B. Butter				
	Registered Office Address (MUST BE FLORIDA		27	-	
	10546 Versailles Blva	<u> </u>		-	
	Wellington		49	_	19 [A]
	v				APR F
(b)	Enter name of NEW Registered Agent and/or NEW	Registered Office ad	dress:	_	
	01				
	Chad B. Butler				. FLVXIII
	NEW Registered Office Address:				7 03
	3524 Turenne Way			_	ν ω
	Wellington	, fl_334	149	_	
If the li	# mited liability company is not organized und			orida it is bereby c	onfirmed that after
the cha	nge or changes are made, the Florida street as	ddress of the regi	stered offic	e and the business of	office of the registered
was/we	vill be identical. Or, in the case of a Florida lare authorized by an affirmative vote of the m	embers of the lin	nited liabilit	y company or as of	herwise provided in
the arti	cles of organization or the operating agreeme	nt of the limited	liability cor	•	
Signat	ure of a member or authorized representative of a mem			Printed or typed name	
_	by accept the appointment as registered agen		t in this cor	• •	_
provision the obli to mere	in the appointment as registered agent ons of all statutes relative to the proper and of signifients of my position as registered agent as Ity reflect a change in the registered office and I in writing of this change.	complete to dec complete perfor in (provided for in (dress, I hereby c	ance of my Chapter 60; onfirm that	duties, and I am fa f, F.S. Or, if this do the limited liability	miliar with and accept ocument is being filed ocompany has been

Signature of Registered Agent